



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE**

DIVISION OF FIRE PREVENTION
ADMINISTRATIVE SERVICES SECTION
PERMITS AND LICENSES UNIT
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-1159
PHONE (615) 741-1322 FAX (615) 741-1583

The following items are necessary to qualify for registration as an explosives handler:

1. Submit an application with a check made payable to the Department of Commerce and Insurance for one-hundred fifteen dollars (\$115). Fifteen dollars (\$15) of which is nonrefundable.
2. The application must be completed in its entirety. A registration will not be issued without a completed application on file.
3. The applicant must be at least 18 years of age.
4. The applicant must understand, speak and write the English language.

Requirements for continuing the registration:

Certificates of registration expire three (3) years following the date of issuance or renewal and are invalid on that date unless renewed. You will receive a renewal form by mail prior to expiration. Submit the renewal form with a check for one-hundred dollars (\$100) made payable to the Department of Commerce and Insurance. If you don't receive the renewal form, call (615) 741-1322 for instructions. It is the responsibility of the registrant to notify this office of all address changes to ensure renewal notices are received in a timely manner.

A twenty-five dollar (\$25) late fee is assessed for renewing up to one (1) year after expiration. After one (1) year, an initial application must be made and all requirements for initial registration must be met.

A minimum of six (6) hours of State Fire Marshal approved continuing education must be completed. Proof of completion of the course must be received prior to the expiration date.

Laws and Rules

Explosives *laws* can be found on the internet at www.tennessee.gov, Put your cursor on Government then move it over to State and click on the TN Code link, navigating to Title 68, Safety, Chapter 105 Blasting and Explosives.

Explosives *rules* can be found at <http://state.tn.us/sos/rules/index.htm>, then navigating to 0780 Commerce and Insurance, Fire Prevention, 0780-02-15.



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EXPLOSIVES HANDLER APPLICATION

Registration Fee: \$ 100 (3 Years)
Application Fee: \$ 15 (This is a nonrefundable application fee)
Total Fees Due: \$ 115

NOTE: MAKE CHECK OR MONEY ORDER PAYABLE TO DEPARTMENT OF COMMERCE AND INSURANCE

Handler's Full Name _____

Mailing Address

Street: _____

City: _____ State: _____ Zip: _____ Telephone #: () _____

Email address: _____ Fax #: () _____

Home Address (if different than mailing address)

Street: _____

City: _____ State: _____ Zip: _____ Telephone #: () _____

Social Security # _____ - _____ - _____ Date of Birth _____ / _____ / _____
(Month/Day/Year)

Are you currently employed by a Tennessee registered blasting firm? ☐ Yes ☐ No
If yes, provide the name of the firm:

Firm Name _____ Firm's TN Registration # _____

Firm Address _____
(Street Number, or R.F.D. and P.O. Box)

City _____ State _____ Zip _____ County _____

If you are not employed by a registered blasting firm, make an application for an explosives firm, pay the fee, and submit a Certificate of Liability Insurance for at least one million dollars (\$1,000,000.00).

Are you a U. S. Citizen? ☐ Yes ☐ No

Do you understand, speak and write the English language? ☐ Yes ☐ No

Are you currently under indictment or have you been convicted of a crime punishable by imprisonment for a term of one (1) year or more?

☐ **Yes** ☐ **No** If yes, attach a copy of the court records including: (1) date, (2) charge, (3) place, (4) court, (5) action taken.

Do you suffer from mental or physical impairment that would interfere with the safe handling of explosives?

☐ **Yes** ☐ **No** If yes, attach an explanation.

I certify that all information provided is correct and all questions are answered truthfully. I am aware that providing false information may result in the denial or revocation of my registration. I am aware that a previous or future charge or violation of any explosives law or regulation may result in the denial or revocation of my registration.

Signature of Applicant

Printed Name of Applicant

Date

IT IS THE RESPONSIBILITY OF THE LICENSEE TO NOTIFY THIS OFFICE OF ALL ADDRESS CHANGES TO ENSURE RENEWAL NOTICES ARE RECEIVED IN A TIMELY MANNER.